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VILIMAJA ISAC	(Depositor's name)
<i>[Signature]</i>	(Signature)
7/24/06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/523,534	02/02/2005	Frederik Hendrik La'tveld	NL02 0759 US	7527

TITLE OF INVENTION: METHOD AND APPARATUS FOR MANUFACTURING A PACKAGED SEMICONDUCTOR DEVICE, PACKAGED SEMICONDUCTOR DEVICE OBTAINED WITH SUCH A METHOD AND METAL CARRIER SUITABLE FOR USE IN SUCH A METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
COLEMAN, WILLIAM D	2823	438-114000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page 1/1006 1BESHAHE 00000010 1912/0 10523534

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, *Peter Zawilski*

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Koninklijke Philips Electronics N.V.

Eindhoven, The Netherlands

Please check the appropriate assignee category, or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number *14-1230* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Peter Zawilski

Date

24-JUL-2006

Typed or printed name

PETER ZAWILSKI

Registration No.

43,308

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